SECRETARY OF STATE SBURSEMENTS Ction Campaign Finance Secretary of State DATE STAMP 8-4619 Fax 601-544-7436 Perss beam aufirm @cs.com
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30, 2010)
2010)Mandatory
2010) Mandatory
ember 30, 2010)Mandatory
gh October 23, 2010)Mandatory
ough November 13, 2010)Runoff Candidates
ions or make Required to terminate reporting obligations
nditures have occurred. In such case, the candidate
d Colifications with exheriting and parish
orts must still be filed in accordance with Miss. Code
orts by 5:00 p.m. on the reporting day. If the deadline of the required reports by 5:00 p.m. on the first working
AND DISBURSEMENTS
This Period Calendar Year-To-Date
583.49 \$ 583.49 (Alp
583.49 \$ 583.49
wiedge and belief it is true, accurate, and complete.
Date
ts. e with statutory deadlines, or failure to submit valid reports shall

SEND TO: 1. Conditates for Statewide, State district, multi-county and all regislative offices about return form to Secretary of State, Elections Division, P. D. Box 136, Jackson, MS 39205 or fax to 401-359-1499 or 601-575-2819.

2. Cendidates for county-vide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee
Reporting period _______

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- through M	Tay 3	1, a	010

ITEMIZED DISBURSEMENTS

A. Full hame Austin Covitt	Date (Mo., Day, Year)	Amount of each disbursement this period
23 Cove Lane	5,15,10	^s 70.°°
City, State, Zip Code Hatresburg, MS 39402	_'_'_	S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 70 .°°
B. Full name Winning Edge Communication	Date S. L. (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. Box 269	514110	5 263 49
Hexandria, AL 36250		\$
Purpose of Disbursement (Optional) Push cards - error sopalby me.	Aggregate Year-to-date	s 263.49
CHS Cheerleaders	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Broad Street	514110	\$ 250.00
City, State, Zip Code (Dunbia, M5 39429	_'_'_	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 250.00
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		S
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		S
City, State, Zip Code	_''_	S .
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$